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Welsh Government
Consultation – summary of response

Welsh Language Standards (Health Sector) Regulations

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Mae'r ddogfen yma hefyd ar gael yn Gymraeg.
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Welsh Language Standards (Health Sector) Regulations

Audience	NHS Wales local health boards; NHS trusts in Wales; Community Health Councils; the Board of Community Health Councils in Wales; NHS Business Services Authority; Social Care Wales; the General Chiropractic Council; the General Dental Council; the General Medical Council; the General Optical Council; the General Osteopathic Council; the General Pharmaceutical Council; the Health and Care Professions Council; the Professional Standards Authority for Health and Social Care; the Nursing and Midwifery Council; all other interested parties.
Overview	Summary of responses to the Welsh Government's consultation on draft Regulations to specify Welsh Language Standards for the health sector.
Action required	None – for information only.
Further information	Enquiries about this document should be directed to: Welsh Language Division The Education Directorate Welsh Government Cathays Park Cardiff CF10 3NQ Tel: 0300 0604400 e-mail: UnedIaithGymraegWelshLanguageUnit@gov.wales
Additional copies	This document can be accessed from the Welsh Government's website at gov.wales/consultations
Related documents	*Welsh Language Standards (Health Sector) Regulations* (2016) https://consultations.gov.wales/consultations/welsh-language-standards-improving-services-welsh-speakers-within-health-sector

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Background

The Welsh Government is preparing Welsh Language Standards ('standards') under the Welsh Language (Wales) Measure 2011 ('The Measure') which give Welsh speakers enforceable rights to use the Welsh language.

The consultation sought views on draft Regulations to specify Welsh Language Standards for the health sector. Those draft Regulations sought to enable the Welsh Language Commissioner to place duties in relation to the Welsh language on local health boards, NHS trusts in Wales, Community Health Councils, the Board of Community Health Councils in Wales, and the NHS Business Services Authority.

The draft Regulations also sought to amend the Welsh Language Standards (No.4) Regulations by including the following bodies in the No.4 Regulations: the Care Council for Wales (now called Social Care Wales), the General Chiropractic Council, the General Dental Council, the General Medical Council, the General Optical Council, the General Osteopathic Council, the General Pharmaceutical Council, the Health and Care Professions Council, the Professional Standards Authority for Health and Social Care, and the Nursing and Midwifery Council.

A consultation took place from 14 July to 14 October 2016 on the draft Regulations. The consultation document included 13 questions which were set out in a proforma style document and an online form for ease of return. The questions gave respondents the choice of *yes* or *no* answers and then allowed for comments.

A total of 88 responses were received either using the proforma questionnaire some of which were supported by detailed narrative or by letter. Some respondents asked for their responses to remain anonymous. 19 respondents used a standard letter prepared by Cymdeithas yr Iaith. In addition 46 participants' submitted responses anonymously at the two public meetings in Caernarfon and Swansea. A petition, prepared by Cymdeithas yr Iaith, signed by 759 individuals was received which focused on the use of the Welsh language in primary care.

As part of the consultation meetings were held with the local health boards and the trusts, the Board of Community Health Councils, healthcare regulatory bodies, royal colleges, professional bodies and Cymdeithas yr Iaith.

This document provides a summary of the consultation responses received. We would like to take this opportunity to thank everyone who responded to the consultation. We value your opinion and your views will be taken into account in the final drafting of Regulations. A full list of respondents is available in Annex A.

The responses

This section reflects the comments received in the proforma questionnaire, letters from individuals and organisations, detailed narrative responses and the comments made at the public meetings and the other meetings during the consultation period. The response figures to individual questions are based on the number of individuals who chose to answer the questions in the standard consultation questionnaire. In coming to our decisions we have considered all the comments received in all formats.

Question 1: Do you agree that the definitions of clinical consultation and health provision are clear and comprehensive?

	Yes	No
Total	16	11
Percentage	59%	41%

Of those who chose to answer this question the majority answered that the definitions of clinical consultation and health provision were clear and comprehensive. The concerns raised were around the clarity of definitions and the potential for them to be interpreted in different ways.

There was particular concern that the definition of clinical consultation did not acknowledge the different methods of interaction between a body and an individual such as by telephone, home visits and video links. Others were concerned that it did not cover prevention, screening and investigation.

Welsh Government Response:

To address concerns about clarity the wording of some definitions and Regulations have been changed;

- The definition of 'health provision' has been amended so that it refers to the National Health Service.
- To clarify that Regulation 1(9) in the draft Regulations, now Regulation 1(8) in the proposed Regulations, exempts private hospitals, wards and clinics in Wales and all hospitals outside Wales. Regulation 1(10) makes it clear that the exemption also covers care home services.
- This Regulation also now details the exemption of independent primary care providers.
- The definition of 'individual' has been amended to clarify that an individual ordinarily resident in Wales and who is acting in their capacity as an individual has the benefit of the standards.

We believe that the term 'health provision interaction' in the definition of clinical consultation includes non-physical interaction such as telephone calls and video link. We therefore do not propose to amend the definition of 'clinical consultation'. We are also of the view that when an individual attends a screening service or immunisation this interaction is a clinical consultation.

See the response to Question 2 for changes to the draft Regulations in relation to clinical consultations and Question 11 for changes to the way primary care is treated.

Question 2: Is proposed standard 25 (clinical consultations) practical in the various scenarios described in the consultation document?

	Yes	No
Total	10	17
Percentage	37%	63%

The majority of respondents who chose to answer this question disagreed with the proposed standard.

Although there was concern about the proposed standard, the respondents acknowledged that, generally, being able to provide clinical consultations in Welsh is beneficial to patients and that the benefit may be greater for young children and the elderly. It was also recognised that communicating directly with a patient in their first language can be helpful for a doctor in reaching a better diagnosis. Some respondents welcomed that the standard encouraged using existing Welsh language skills within the workforce as opposed to depending on translation, however some cautioned against any increase in the workload of Welsh speaking staff. Examples of existing good practice were highlighted in the responses.

The majority of respondents considered that the requirements of standard 25 are beyond what can be currently achieved and could not be provided universally or consistently. The main reasons given were;

- The lack of Welsh speaking staff within the clinical workforce and some staff lacking confidence to use Welsh in the workplace.
- The challenges of recruiting in particular staff with Welsh language skills.
- Concern that providing clinical consultations in Welsh could lead to delays in scheduling appointments and treatments.
- The lack of Welsh speaking staff will result in the increased use of translation which could add to the time taken in consultations and have a knock on effect on the body's ability to meet other statutory targets such as waiting times.
- The appropriateness of having another person in the consultation.
- Whether patients would chose to have a translator in the consultation.
- Concern whether there are sufficient translators who can work in clinical situations.
- The patient's choice of words and the nuances of what is said could be lost in translation which is considered to be a clinical risk.
- The practicality of adhering to the standards in all circumstances, in particular outpatient clinics which have a high turnover of patients and emergency medicine when providing timely care is imperative.
- The practicality of arranging Welsh language support at each patient's clinical interaction during a hospital visit.
- Whether IT systems are sophisticated enough to transfer information about a patient's language choice between departments so that it is accessible to all staff.
- The cost of implementing the standard.
- Healthcare professionals are regulated and some responses noted that professionals should not delegate their responsibility of ensuring that the patient has understood to someone else. Some responses noted that this is particularly relevant in situations when professionals are seeking a patient's consent.

Welsh Government response:

The concerns raised by the bodies that could be required to comply with the standards make it clear that they would not be able to comply with the standard on every occasion.

Based on this evidence and in particular the concerns about the lack of Welsh language skills within their workforce we consider that it would not be reasonable or proportionate to specify the standard because it is unlikely that any of the bodies would be able to consistently comply with the standard. We have therefore adopted an alternative approach that builds on and gives an enforceable legislative footing for existing good practice. It will help the bodies plan and develop their capacity to offer clinical consultations in Welsh. This approach will achieve a better long term outcome for Welsh speaking patients as the bodies will be working towards providing the consultation in Welsh not merely providing Welsh language support.

Draft standard 25 has been deleted and the following new standards have been proposed.

A standard that requires the local health boards and trusts to prepare and publish a 5 year plan setting how they will work towards being able to offer clinical consultations in Welsh. The standard requires the body to publish a report the end of year 3 and 5 on the extent to which they have complied with the plan. This approach will provide an accountable framework that will support the bodies to develop their capacity to deliver services in Welsh.

Another standard has been drafted that requires the local health boards and trusts to develop a system that will identify the language choice of in-patients (someone who is or is likely to stay in hospital for at least one night). This will make all staff aware of the patient's language choice which we believe will encourage more interaction with the patient in Welsh, which in turn will improve their experience whilst in hospital.

To help raise the confidence of existing Welsh language speakers a new standard has been drafted that will require the bodies to provide opportunities for employees to receive training to improve their language skills, with the aim that they become more confident to use Welsh in the workplace.

These new standards combined with other proposed standards such as standard 96 which requires a body to assess the Welsh language skills of their employees will help bodies to organise their workforce to meet the demand for Welsh language services.

Question 3: Is keeping a record and acting in accordance with the individual's language preference practical?

	Yes	No
Total	15	14
Percentage	52	48

A small majority of respondents who chose to answer this question agreed that it is practical to keep a record and act in accordance with the individual's language preference.

Many of the comments mirrored those received for question 2 and focused on the challenges of being able to act on an individual's language preference on every occasion. There was concern about the availability of Welsh speaking staff, the capability of the IT systems and concerns about using translators in clinical situations.

Welsh Government response;

The removal of draft standard 25, as discussed above, will remove the duty on the bodies to record the individual's language preference and to provide Welsh language support at clinical consultations. It should be noted that the requirement to record an individual's language choice for correspondence (proposed standard 2) and telephone contact (proposed standard 19) remain.

Question 4: Do you agree with the concept of Welsh language support during clinical consultations?

	Yes	No
Total	23	3
Percentage	88	12

The majority of respondents who chose to answer this question agreed with the concept of Welsh language support during clinical consultations.

Although there was general support to the concept, the bodies expressed concern about their ability and how practical it would be to provide the support consistently on every occasion. The concerns reflect those expressed in response to question 2.

Government response;

Draft standard 25 has been deleted and therefore there will be no duty to provide Welsh language support at clinical consultations. The reasons were explained in question 2.

We believe that proposed standards 23, 23A, 24, 110 and 110A will support the bodies to develop and improve their ability to provide clinical consultations in Welsh. Over time the aim is that these standards will lead to Welsh language clinical consultations being held which will exceed what was proposed in the draft Regulations (i.e. to provide Welsh language support. See the response to question 2 for a full analysis).

Question 5: Do you agree that the definitions of case conferences and health-related provision are clear and comprehensive?

	Yes	No
Total	16	8
Percentage	67	33

Of those who chose to answer this question the majority answered that the definitions were clear and comprehensive.

Whilst the majority agreed with the definitions used, others asked for more examples of the types of meetings that fall within the definition and confirmation whether Multi Disciplinary Team meetings would fall within the definition. It was also suggested that the definition was expanded so that carers and the patient's family could request translation.

Government Response;

As the majority of the respondents agreed that the definitions were clear and comprehensive we do not propose to amend the definitions and that its focus remains on the need of the individual patient. The Welsh Language Commissioner may choose to address concerns about specific types of meetings in Compliance Notices.

See also the response to Question 7 regarding the list of healthcare professionals in the draft Regulations.

Question 6: Do you agree that case conferences should be treated differently to clinical consultation and other meetings?

	Yes	No
Total	17	8
Percentage	68	32

Of those who chose to answer this question the majority agreed that they should be treated differently. There was some concern expressed that organising translation for case conferences could lead to delays which could be to the detriment of the patient. Again concerns that the nuances of what is said could be lost in translation were raised.

Government Response;

As the majority of respondents agreed that case conferences should be treated differently to clinical consultations and other meetings, our intention is to proceed with separate standards for case conferences. Our position in relation to clinical consultations is explained in the response to question 2. However, to address the concerns that arranging two way translation (from Welsh to English and English to Welsh) could delay case conferences we have amended the proposed standard so that only case conferences arranged at least five working days in advance are caught.

Question 7: Does the list of healthcare professionals at paragraph 38 capture everyone who may be involved in a case conference or meeting that involves only healthcare professionals?

	Yes	No
Total	10	13
Percentage	43	57

Of those who chose to answer this question the majority disagreed that the list captured everyone who may be involved in a case conference or meeting that involved healthcare professionals.

The main concern expressed was that the list was not exhaustive and did not capture all the roles that could be involved in a meeting of healthcare professionals. There was also concern that listing role titles in Regulations lacked the flexibility to respond to changes in roles and role titles over time.

Government response;

As there were no objections to the exemption of these types of meetings, our intention is to retain the exemption. However, in order to address the concerns about the constraints of listing roles we have amended the exclusion so that specific roles and job titles are no longer included. The revised proposal focuses on the type of meeting rather than who is present at the meeting.

Please also see the response to question 5

Question 8: Do you agree with the approach that an individual can expect compliance with the Welsh language standards imposed (if any) on the body who is physically providing or carrying out the clinical consultation or case conference?

	Yes	No
Total	19	8
Percentage	70	30

Of those who chose to answer this question the majority agreed with the proposal that the body which is physically carrying out the clinical consultation or case conference should be required to comply with the relevant standards.

Many of the concerns raised reflected those received in response to question 2. They included the cost of implementation, the potential for compromising or delaying patient care, raising patient expectations, the lack of capacity to deliver Welsh language clinical consultations and case conferences.

Government response;

We believe that the changes proposed to the standards relating to clinical consultation and case conferences (see questions 2, 5, 6 and 7) will address the concerns raised in response

to this question. These changes will mean that the body will not be required to provide Welsh language support during a clinical consultation and only provide translation in a case conference if it is arranged at least 5 working days in advance.

However, the body will be required to comply with other standards in relation to clinical consultations (if imposed by the Commissioner). For example correspondence and documents relating to clinical consultations will have to comply with the correspondence and documents standards, as well as the new standards to identify the language choice of in-patients.

Question 9: Do you agree that health care provision in prisons should be treated in the same way as other health care?

	Yes	No
Total	26	0
Percentage	100	0

All those who chose to answer this question agreed with the proposal.

Government response;
As there was unanimous support for the approach we propose to continue with the policy that will see standards apply to healthcare provision within prisons.

Question 10: Do you agree with the proposed exemptions and the reasons why?

	Yes	No
Total	16	7
Percentage	70	30

Of those who chose to answer this question the majority agreed with the proposed exemptions.

Those who disagreed objected to the

- exemption of private hospitals in particular private hospitals in Wales when they are contracted by the NHS to provide services on their behalf,
- the exemption of hospitals outside Wales as an individual's need for Welsh language services will be the same as in a hospital in Wales,
- standards only being applicable to those who normally reside in Wales. Some noted a belief that this was discriminatory,
- the exemption of emergencies - some respondents said that this is often when an individual's need for services in their chosen language is at its greatest. Another respondent believed that it is possible for the bodies to plan their workforce to provide Welsh language services during an emergency in the same way as it has to plan to provide other services during an emergency.

- exemption of research – some respondents expressed a belief that this could result in exempting Welsh speakers from the research sample.

Government response;

We have considered the objections to excluding private hospitals in Wales. In 2015/16 less than 2,500 NHS Wales patients were treated in private hospitals in Wales and England, the majority of which were treated in a private hospital in Wales. As this is only about 1% of elective (i.e. planned) admissions in the NHS in 2015/16 it is considered that the costs of implementing Welsh language standards would outweigh any potential benefits of imposing standards on private hospitals.

We consider that it is not reasonable and proportionate for the bodies that are subject to these standards to be held responsible for the delivery of Welsh language services in hospitals that are not in their direct control such as those outside Wales. Therefore hospitals outside Wales continue to be exempted.

We believe that, in practice individuals are likely to be offered the same level of face to face Welsh language services in a hospital or clinic irrespective of where they live. However, we do not consider it reasonable to place a duty on the bodies to comply with the standards for individuals who are not normally resident in Wales. We have therefore concluded that we should retain this exemption.

We have also concluded that emergencies should be excluded from the Regulations. This is aligned with the approach taken in other Regulations which specify Welsh language standards for bodies who sometimes provide services during an emergency. Health bodies sometimes work with other agencies during an emergency, this exclusion therefore provides a consistent approach. For example, the Welsh Language Standards (No.2) Regulations 2016 specified standards for a number of bodies including Natural Resources Wales exempted emergencies which were defined as such in the Civil Contingencies Act 2004. The Welsh Language Standards (No.5) Regulations 2016 specified Welsh language standards for the police and fire authorities, and also exempted emergencies (see paragraph 29 of Schedule 1). The exemption also applies to emergencies that occur outside a hospital (Schedule 1, part 3, paragraph 30 to the Regulations) as we do not believe it is reasonable and proportionate to expect the bodies to comply with standards in these circumstances on every occasion.

We have concluded that research should be excluded from the Regulations. Local health boards increasingly work in partnership on research and development with Universities who are subject to the Welsh Language Standards (No. 6) Regulations which do not capture research. For that reason a consistent approach for both sectors is important and we consider that they should have the same exemption.

Question 11: Do you agree that contracted primary care services and services of a similar type provided directly by the local health board should be treated in the same way?

	Yes	No
Total	20	5
Percentage	80	20

Of those who chose to answer this question the majority agreed with the proposal that contracted primary care services and services of a similar type provided directly by the local health board should be treated in the same way.

The majority of those who commented believed that all primary care, however it is provided, should be required to comply with standards. The respondents argued that because primary care is often the first point of contact with the health service the level of Welsh language services should be consistent with those offered in other areas of the health service.

Government response;

As part of our consideration we have taken into account all the comments received about primary care along with the responses to this question. In response to the concerns raised we have decided to adopt an alternative approach which we believe will improve the level of Welsh language services in primary care.

The Regulations have been revised so that they now apply to primary care services provided directly by the local health boards. Local health boards are experienced in delivering Welsh language services under their Welsh Language Schemes and will be able to build on this experience to broaden their Welsh language services to primary care. Subject to a body's compliance notice, this will mean that all standards will apply when a local health board provides primary care services itself apart from standard 19 (a body making telephone calls). This will provide a clearer framework for the local health boards to understand what standards they are subject to for all the services they provide.

As explained in the consultation document we do not consider it reasonable to place duties on local health boards that would make them responsible for any failure to comply with standards by one of the independent primary care providers. This is because they do not have any direct influence over the way in which individual providers deliver services. As a result we consider that the most appropriate way of placing Welsh language duties on these independent providers is through the contractual arrangements between them and the local health boards. This will ensure a consistent approach for all contractors and will create contractual obligations between the local health boards and the independent provider that are enforceable by the local health board. The Welsh Government will start discussions with the sector to amend the Regulations that govern the contractual arrangements.

Taken together we consider that the approach will introduce duties at the right level in a reasonable and proportionate way.

Question 12: Do you agree with the proposed new standards that place duties on local health boards in relation to primary care services, both contracted and those provided directly?

	Yes	No
Total	20	7
Percentage	74	26

Of those who chose to answer this question the majority agreed with the proposal.

In general there was support for the draft standards for primary care (draft standards 83 – 97) that placed duties on local health boards to provide some Welsh language services and support to primary care providers.

Whilst welcoming these standards a number of respondents felt that they did not go far enough in ensuring Welsh language services in the primary care sector. This concern was also expressed in the Welsh Language Commissioner's response and the petition presented by Cymdeithas yr Iaith. Concerns were also expressed about the potential additional cost on primary care providers and to local health boards. Others were concerned that there was no requirement for primary care providers to record the patient's language preference which is considered by some local health boards and trusts to be the key to improving Welsh language services across the whole sector.

Government response;

As discussed in question 11 the way we propose to deal with primary care has changed.

As a result of this change service delivery standards placed on the local health board will also apply to primary care services it provides directly (except standard 19). This means, for example, (subject to a body's compliance notice) there will be a duty to record the individual's language choice for correspondence (including correspondence relating to primary care) which will go some way to addressing the comments received about primary care providers recording the language preference of patients.

The new approach also means that some of the draft standards have been deleted as it is no longer necessary to specify standards about websites, apps and social media which relate to primary care. The general websites, apps, social media standards etc will apply to primary care provided directly by the local health board as well. These changes and the amalgamation of one standard means that the number of standards has reduced to four.

These standards are:

- Health boards will be required to promote on their website any primary care providers who are willing to provide all or part of its primary care service in the medium Welsh.
- health boards to provide a translation service and promote its use to primary care providers to enable them to obtain Welsh language translations of signs or notices displayed in connection with its services.
- health boards to provide and promote the wearing of badges that covey that a primary care provider (or staff member) speaks Welsh
- health boards are required to provide training courses, information or hold events aimed at primary care providers to raise awareness of the Welsh language and how

it can be used in the workplace.

We do not consider that complying with these standards will result in a substantial increase in costs on the local health boards. Under their current Welsh Language Schemes local health boards already produce a number of documents, forms and signs in Welsh, and the Regulations provides flexibility allowing the local health board to decide how they wish to provide primary care providers with information to develop Welsh language awareness and therefore choose the most cost effective way. The Welsh Language Commissioner provides 'Iaith Gwaith' badges free of charge.

The standards do not place duties on independent primary care providers consequently we do not consider that they will incur additional costs.

Question 13: Do you have any other comments in relation to Welsh language provision in primary care?

The responses relating to primary care have been dealt with in questions 11 and 12.

Healthcare regulators

The draft Regulations proposed to amend the Welsh Language Standards (No.4) Regulations 2016 to include the healthcare regulators (see regulation 4 of the draft Regulations). These regulators hold a register of health and care professionals, set standards of practice, investigate complaints and hold fitness to practice hearings. The reason for proposing to add these bodies to the No. 4 Regulations was that they share similar characteristics with the Welsh tribunals and the Education Workforce Council that are already subject to those Regulations.

A number of the regulators objected to this approach. They argued that although they held fitness to practice hearings, in all other aspects they differed from the Welsh tribunals and the Education Workforce Council included in the (No.4) Regulations. They are wholly funded by their registrants and offer services to registrants across the UK. Apart from the General Medical Council who have a small office in Wales none of the other organisations have premises in Wales.

Government response:

Separate Regulations will be drafted for the healthcare regulators. As Social Care Wales (previously The Care Council for Wales) only operates in Wales it will be included in the (No.4) Regulations as originally proposed.

The NHS Business Services Authority has also been removed from the proposed Regulations. Compared with the other bodies included in the Regulations there are considerable differences between the types of services it provides and the way in which those services are provided. It does not have any offices in Wales and similar to the healthcare regulators it works across the UK. We will give further consideration as to the best way of dealing with this body and other special health authorities.

Simplification of standards

Whilst some welcomed the level of detail offered by the standards, a clear theme to emerge from the responses was a perception that the Regulations were complex and difficult to understand because of the number of standards. Some organisations felt that this would make it difficult for their staff to understand what was expected of them in relation to providing Welsh language services.

Following the Welsh Government's commitment to seek to amend the Welsh Language Measure, the Minister for Lifelong Learning and Welsh Language announced in July 2016 that one of the aims was to look again at the process for imposing standards making it less bureaucratic. A call for evidence exercise with partners and stakeholders took place between 31 January and 31 March 2017 to inform this work. Some of the respondents to that engagement reinforced the view that the number of standards made them overly complex and unclear for the public to understand. A full analysis of the responses can be found on the Welsh Government's website.

Government Response:

We have reviewed all the proposed standards considering whether there are opportunities to amalgamate or delete standards without eroding the policy aim of promoting and facilitating greater use of the Welsh language. Although some standards have been combined, where that has been done the requirements on the bodies remain the same.

Changes have been made in all five schedules to the Regulations with the most substantial number of changes being made in Schedule 4 (Record Keeping Standards) and Schedule 5 (Standards which deal with Supplementary Matters).

The changes have resulted in 64 fewer standards overall.

Annex: List of respondents

Individuals

Andy Smith
Caron Tucker
David Church
Dr Elin Walker Jones
Elda Lunera Hutapea
Ellen V Williams
Gwen Roberts
Huw Roberts
Ifor Evans
Karen Schneider
Llinos Haf Pritchard
Marian Hughes
Michael Parry
Mike Spencer-Harty
Owain Lewis
Rhiannon T
Richard Brown
Roger Pugh
Samantha James
Simon Morgan

Standard letter from Cymdeithas yr Iaith

Anthony Evans
Carys Lloyd
Catrin Dafydd
Christopher Lewin
Dorothy Williams
Dr Emyr Humphreys
Eddie Ladd
Gethin Rhys
Graham Davies
Guto Hughes
Heledd Tomos
Judith Griffith
Kathryn Jones
Manon Elin
Rhys Jones
Richard Hughes
Richard Lawson
Ruth Owen
Vanessa Bowen

Health Boards and Health Authorities

Betsi Cadwalader University Health Board
Hywel Dda University Health Board
NHS Business Services Authority
Pows Teaching Health Board
Public Health Wales
Welsh Ambulance Services NHS Trust

Community Health Councils

Abertawe Bro Morgannwg Community Health Council
Board of Community Health Councils in Wales

Organisations and businesses

Age Cymru
Alzheimer's Society
British Dental Association Wales
British Medical Association Wales
Cardiff University
Chartered Society of Physiotherapy
Coleg Cymraeg Cenedlaethol
Community Pharmacy Wales
Cymdeithas yr Iaith
Cytun – Churches Together in Wales
Denbighshire County Council
Dyfodol i'r Iaith
Menter Iaith Bangor
Royal College of General Practitioners Wales
Royal College of Nursing

Anonymous

Community Health Council	1
Local Health Board	4
NHS Trust	1
Other body	1
Public Meeting Galeri, Caernarfon	20
Public Meeting Liberty Stadium,	26
Petition by Cymdeithas yr Iaith	759

Royal Pharmaceutical Society School of Healthcare Sciences, Bangor University School of Social Sciences, Bangor University The British Psychological Society The Company Chemists Association The Welsh NHS Confederation Undeb Cenedlaethol Athrawon Cymru Welsh Language Commissioner Welsh Optometric Committee Wylcwm Street Surgery	**Regulatory Bodies** British Optical Council Care Council for Wales (Social Care Wales) General Chiropractic Council General Medical Council General Osteopathic Council General Pharmaceutical Council Health and Care Professions Council Nursing and Midwifery Council Professional Standards Authority for Health and Social Care